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| <b>Case Number:</b>   | CM15-0076778 |                              |            |
| <b>Date Assigned:</b> | 04/28/2015   | <b>Date of Injury:</b>       | 07/18/2013 |
| <b>Decision Date:</b> | 05/26/2015   | <b>UR Denial Date:</b>       | 03/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/22/2015 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 40-year-old male, who sustained an industrial injury on July 18, 2013. He reported low back pain and left knee pain. The injured worker was diagnosed as having bilateral medial meniscal tear, status post left knee arthroscopy, bilateral knee subluxation and lumbar and sacral degenerative disc disease. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left knee, chiropractic care, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued low back pain radiating to the lower extremity with associated weakness and numbness and bilateral knee pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He reported slipping and falling while taking plates back to the line. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 14, 2015, revealed continued pain as noted. Lumbar and sacral epidural steroid injections were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **1 Lumbar Epidural Steroid Injection at the levels of the Right L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 309.

**Decision rationale:** According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short-term benefit; however there is no significant long term benefit or reduction for the need of surgery. There is no evidence that the patient has been unresponsive to conservative treatments. In addition, even though there is evidence of motor radiculopathy on examination, the MRI of the lumbar spine, performed on April 24, 2014, did not corroborate the radiculopathy. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. Therefore, the request for Lumbar Epidural Steroid Injection at the levels of the Right L5-S1 is not medically necessary.